

**U.S. Department of Transportation  
Small Business Program Review Form**

**Part I. Program Office**

Date \_\_\_\_\_

Requestor's Name: _____ Office Routing Symbol: _____ Phone No.: _____	Procurement Request Number: _____ Estimated Dollar Value (incl. options): _____
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Description of the Acquisition (state if previously set-aside)

*Please check as appropriate:*

<input type="checkbox"/> New Requirement (Skip Part II)	Recommended method of procurement (Select one from Part III) _____
<input type="checkbox"/> Bundled Acquisition (if checked, complete Parts III and IV) See Instructions for definition	

**Part II - Acquisition History - If previously awarded check all that apply**

<input type="checkbox"/> Small Business	<input type="checkbox"/> Small Disadvantaged	<input type="checkbox"/> 8(a) Business	<input type="checkbox"/> Woman Owned Business
<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> Veteran Owned Business	<input type="checkbox"/> HUBZone Business	
<input type="checkbox"/> GSA/FSS	<input type="checkbox"/> Large Business	<input type="checkbox"/> Sole Source	
<input type="checkbox"/> Task Order/Delivery Order** Contract Number _____		Contractor Name: _____	

Program Official's Signature _____	Date _____
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**Part III - SBS/CO Recommendation - Check all that apply**

<input type="checkbox"/> Small Business Set-Aside	<input type="checkbox"/> SBA 8(a) Program	<input type="checkbox"/> HUBZone Set-Aside	<input type="checkbox"/> Very Small Business Set Aside
<input type="checkbox"/> Task/Delivery Order**	<input type="checkbox"/> GSA/FSS	<input type="checkbox"/> Woman Owned Business	<input type="checkbox"/> SD Veteran-Owned Business
<input type="checkbox"/> Large Business with Subcontracting Goals		<input type="checkbox"/> Sole Source	
<input type="checkbox"/> Bundled Acquisition (complete Part IV)		<input type="checkbox"/> Other (Specify)	
Small Business Size Standard: NAICS Code _____ Employee _____ or Dollars _____			

**Part IV - BUNDLED ACQUISITIONS - (Not required for Acquisitions Entirely Reserved or Set-Aside for Small Businesses)**

<input type="checkbox"/> under \$2M (justify iaw TAM 1207.103)
<input type="checkbox"/> over \$2M (justify iaw TAM 1207.103)

**Part V. SB Program Recommendation - Concurrence/Approvals**

Contracting Officer's Recommendation: _____	<input type="checkbox"/> Attach justification if non-set-aside/bundled acquisition
Contracting Officers' Signature _____	Date _____

Small Business Specialist	<input type="checkbox"/> Concur	<input type="checkbox"/> Non-Concur (attach justification)	<input type="checkbox"/> Approve
Small Business Specialist's Signature _____	Date _____		

SBA Procurement Center Representative (PCR):	<input type="checkbox"/> Non-concur (attach justification)
<input type="checkbox"/> Concur	

SBA PCR Signature _____	Date _____
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Director OSDBU: <input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove (attach justification)
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Director OSDBU Signature _____	Date _____
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